

LO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 628040 RECEIPT DATE: 09 / 13 / 99
 IA NUMBER: PCT/ EP99 / 01585 IA FILING DATE: 03 / 11 / 99
 FAMILY NAME: LOB DELAY WAIVED (Y/N): Y
 GIVEN NAME: MELKI DEMAND RECEIVED (Y/N): Y
 PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 03 / 11 / 99
 NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
 ATTORNEY DOCKET NUMBER: 40265/DBP/EE1 COUNTRY:
 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
 FAX
 NAME: D BRUCE FROUT
 CHRISTIE PARKER & HALE
 STREET: P O BOX 7068
 CITY: PASADENA
 STATE/COUNTRY: USA ZIP: 911097068
 EMAIL:
 APPLICATION TITLES:
 MOTOR VEHICLE ACTUATING DEVICE

TAB TO LAST POSITION, PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 8102

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|--|---|------------------------------------|--|--|--------------------------------|
| SERIAL NUMBER 09/623,840 | FILING DATE 09/28/2001 RULE | CLASS 180 | GROUP ART UNIT 3611 | ATTORNEY DOCKET NO. 40265/DBP/E4 | |
| APPLICANTS Helke Lob, Munich, GERMANY; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP99/01585 03/11/1999 ** FOREIGN APPLICATIONS ***** GERMANY 198 11 268.8 03/11/1998 <div style="text-align: right;">** SMALL ENTITY **</div> | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY GERMANY | SHEETS DRAWING 8 | TOTAL CLAIMS 22 | INDEPENDENT CLAIMS 1 |
| ADDRESS Christie Parker & Hale P O Box 7068 Pasadena ,CA 91109-7068 | | | | | |
| TITLE Motor vehicle actuating device | | | | | |
| FILING FEE RECEIVED 1136 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees | | |
| | | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
| | | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | |
| | | | <input type="checkbox"/> 1.18 Fees (Issue) | | |
| | | | <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Credit | | | |